BEST AVAILABLE COPY

										Application or Docket Number				
	PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2000								09/889416					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE		Y OTHER THAN OR SMALL ENTITY				
	TOTAL CLAIM	S						RATE		7	RATE			
F	FOR		NUMBE	A FILEO	NUM	MBER EXTRA		BASIC F	-	OF	2000	FEE E X60		
I	TOTAL CHARG	15"	15 minus 20a				XS 9=	†	7	1	1000			
u	NDEPENDENT	CLAIMS	3	ninus 3 =	• /		X40=		+	-JOR	V00	╂╼╱┤		
٨	ULTIPLE DEPE	NDENT CLAIM	PRESENT	RESENT					 	-IOA	X80=	 / - 		
·	If the difference in column 1 is less than zero, enter "0" in column 2.						l	+135=	 	OR	+270=	4		
	CLAIMS AS AMENDED - PART II							TOTAL		JOR	TOTAL	860		
_		(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL	THAN ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRÉSÈNT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 15	Minus	. 20		• ~	Γ	X\$ 9=		OR	X\$18=			
	Indopendent	. 3	Minus	3		• ~	٠ ۲	X40=		1	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						r	.126		OR				
	4/29/05							+135=		OR	+270=			
	(Column 1) (Column 2) (Column 3)							DOIT. FEE	L	OR	ODIT. FEE			
8		CLAIMS REMAINING	10 / C. 10	HIGHE	31		Г		ADDI-	ır		ADDI-		
AMENDMENT B		AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	. 15	Minus			•	L	X \$ 9=		OR	X\$18=			
	Independent	NTATION OF AI	Minus	ENDENT	4 4144			X40=		OR	X80=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135= TOTAL		OR	+270=			
										OR ,	TOTAL ODIT. FEE	0		
	(Column 1) (Column 2) (Column 3)													
AMENDME	etilije i i i i i	REMAINING AFTER AMENDMENT	A Section	NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
	Total	•	Minus .	••				X\$ 9=			X\$18=	FEE		
	independeni	•	Minus	***		•	\vdash			OA				
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		F	X40=		OR	X80=			
Uthe entry in column 1 is less than the colu].		
••••	If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE OR ADDIT. FEE													
T	he Highest Humi	per Proviously Pald	For (Total or	Independent	is the t	nighest number i	bund	in the app	ropriate box	in cotu	mn 1.	1		